

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

789892

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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16		/				
17		/				
18		(1)				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	25	↓		↓		↓
TOTAL CLAIMS	26	↓		↓		↓

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS